15/600 616											
			ocket Num								
203,35252XXC											
SMALL EN		OR	OTHER THAN SMALL ENTITY								
RATE	FEE		RATE	FEE							
BASIC FEE	375.00	OR	BASIC FEE	750.00							
X\$ 9=		OR	X\$18=								
X42=		OR	X84=								
+140=		OR	+280=								
TOTAL		OR	TOTAL	750							
OTHER THAN											
SMALL		OR	SMALL								
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
X\$ 9=)	OR	X\$18=								
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+140=		OR	+280=								
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ADDIT. FEE OR ADDIT. FEE											
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
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TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE								
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	PATENT A	APPLICATIO Effect	N FEE DI tive Janua)N RECO	RD	(Tn 3 ,	つ (() CI	ν·ν:
CLAIMS AS FILED - PART I (Column 1) (Column 2)					MALL EN		OR	OTHER SMALL I	THAN			
TC	TAL CLAIMS		11				Г	RATE	FEE		RATE	FEE
FO	FOR		NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
то	TAL CHARGEA	BLE CLAIMS	mir	inus 20=	+ 9	Þ		X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	2 mi	ninus 3 =	*	ϕ	1	X42=		OR	X84=	
MU	MULTIPLE DEPENDENT CLAIM PRESENT]	+140=		OR	+280=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	750
41	CLAIMS AS AMENDED - PART II. (Column 1) (Column 2) (Column 3)						Σ.	SMALL I	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	+ 19	Minus	* 5	20	= /		X\$ 9=		OR	X\$18=	
AME	Independent	· 2	Minus		> \ \	= /] [X42=		OR	X84=	<u>i</u>
	FIRST PHESE	NTATION OF MI	JETIPLE DE	PENUERI	CLAIM		┛╏	+140=		OR	+280=	
		1	2	7			L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur		(Column 3)		<i>DUII.</i> 1 EE 1		•		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	HEST MBER IOUSLY FOR	PRESENT EXTRA	$\bigg] \Big[$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	- C: AINA	-] [X42=		OR	X84=	
 -	FIRST PRESE	ENTATION OF MI	JUIPLE DE	PENDEN	CLAIM		┛┞	+140=		OR	+280=	·
							A	TOTAL ODIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)			ımn 2)	(Column 3)		DOT . L		•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO NO	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL 411	1-	41	X42=		OR	X84=	
┞	PIRST PRESE	ENTATION OF M	OLTIPLE DE	PENUEN	T CLAIM		┙┞	+140=		OR	+280=	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.